



ICF

State of Wisconsin

DEPARTMENT OF REGULATION AND LICENSING

CORRESPONDENCE / MEMORANDUM

For Receipting Purposes

DATE: _____ AMOUNT OWED: _____

NAME: _____

PROFESSION APPLYING FOR: _____

SOCIAL SECURITY NUMBER: _____

CARD HOLDER'S
CURRENT ADDRESS: _____

CARD HOLDER'S
DAYTIME PHONE NUMBER FOR QUESTIONS: _____

I AUTHORIZE THE STATE OF WISCONSIN, DEPARTMENT OF REGULATION AND LICENSING TO
CHARGE MY CREDIT CARD WITH THE FOLLOWING DOLLAR AMOUNT _____ .

CREDIT CARD NUMBER: _____

NOTE: If using AMEX or DISCOVER card, please include the 3 digit code on back/front of card.

_____ (3 digit code)

EXPIRATION DATE: _____ CREDIT CARD TYPE: _____

CARD HOLDER'S SIGNATURE: _____

OTHER THINGS COVERED IN THIS AMOUNT ARE: _____

Please fill in all the above information LEGIBLY and fax this sheet back to 608-267-1803.

If you have questions and need to contact us directly, please call 608-266-0627.